

**State of Connecticut
Department of Developmental Services**

Procedure No. I.C.4.PR.002 **Under Review**
Subject: Out of Home Treatment/Placement Requests
Section: Services and Supports, Children's Services

Issue Date: April 4, 2007
Effective Date: Upon Release

A. Purpose

The purpose of this procedure is to establish a consistent approach for the referral and placement of children in out-of-home congregate settings.

B. Applicability

This procedure shall apply to all children under age 18 who are eligible for Department of Developmental Services (DDS) supports and services and families requesting an out-of-home treatment facility or Community Living Arrangement (CLA) placement.

This procedure shall apply to case managers, case management supervisors, Eligibility Unit staff, Quality Management staff and other DDS staff responsible for children's services.

C. Definitions

Level of Need (LON) functional assessment tool designed specifically for use by the Connecticut DDS.

Voluntary Services Program (VSP) - supports and services available to families of children who demonstrate that an emotional, behavioral or mental health issue results in the functional impairment of the child and substantially interferes with or limits the child's functioning in the family or community activities.

Planning and Resource Allocation Team (PRAT) - regional team responsible for establishing priority of each individual service request for residential and day supports, the allocation of regional resources and HCBS Waiver eligibility determination.

D. Implementation

When a family makes a request for out of home placement for a child who is under the age of 18, a Level of Need Assessment Tool (LON) should be completed by the Case Manager. PRAT should score the LON to determine if that level of care may be needed. If needed, PRAT should notify the regional VSP liaison who will submit a request to the Children's Services Committee for review and recommendations regarding the out-of-home treatment/placement at the next meeting.

1. Committee Referrals and Process

- a. The region informs the Lifespan Coordinator of cases that need to be presented to the Children's Services Committee and they will be added to the agenda. Cases that are presented will have already gone through the regional PRAT process with the region scoring the LON which will indicate whether this level of support may be necessary.

- b. The Case Manager completes the presentation format provided by the committee one week prior to the committee meeting and sends it to the Lifespan Coordinator.
- c. All presentations and the agenda are distributed to the committee one week prior to the meeting.
- d. The Case Manager and Voluntary Service Program Liaison, from that region (and/or other identified staff) will present the case to the committee. The case manager will provide comprehensive information and answer questions that are asked during the meeting.
- e. Recommendations will be made by the committee directly to the case manager. The case manager should feel free to ask questions for clarification or add additional information as necessary.
- f. Recommendations will be written into the minutes of the meeting.

2. Roles and Responsibility of the Region

- a. The Case Manager will bring the recommendations back to the region for review.
- b. The Case Manager, Case Manager Supervisor, and others as the region deems appropriate will review the recommendations and if the regional staff support the recommendations they will inform the family of those recommendations. If the region disagrees with any of the recommendations or has questions regarding them they should put them in writing to the Lifespan Coordinator (email is acceptable).
- c. The Lifespan Coordinator will respond with clarification regarding the recommendation within one week.
- d. If the region does not agree with the Children's Committees recommendations, the reason(s) why will be brought back to the committee through email to the Lifespan Coordinator. The committee's responses will be collected and sent to the region.
- e. If needed, the Case Manager can return to the committee to present the reason(s) the region does not agree and give the committee additional information that may not have been available during the first meeting. This will provide an opportunity for the committee to make additional or modified recommendations.
- f. All final recommendations will be documented within the meeting minutes.

3. Roles and Responsibilities of the Case Manager

- a. Present all recommendations to the parent.
- b. Incorporate recommendations into the child's Individual Plan (IP).
- c. Develop a budget to support the recommendations given.
- d. Support the family in identifying appropriate providers to support the recommendations.
- e. Provide family with information regarding their right to the Programmatic Administrative Review (PAR) process to appeal to the Commissioner, if necessary.

4. Roles and Responsibilities of the Parent

- a. Discuss recommendations openly with the case manager.
- b. Identify goals and outcomes for in-home support services.
- c. Participate in services offered to ensure they are meeting expectations.
- d. If parents do not agree with the recommendations and/or services proposed they have a right to a PAR. If it is a disagreement regarding treatment/placement they have the right to appeal the decision to the Commissioner, without requesting a PAR.

5. Out-of-Home Treatment Recommendations

- a. If the committee is in agreement with an out-of-home placement that is either considered a Professional Parent or Community Training Home (CTH) then the region will support the family with in-home supports while the region develops the living arrangement.
- b. If the committee is in agreement with an out-of-home placement in a treatment facility which is considered a congregate setting or in a CLA/group home, that recommendation will be sent to the Commissioner for review. If the Commissioner supports the out of home placement in a congregate setting there must be a plan developed by the region for the child to return home, if possible or a less restrictive environment. If the treatment is out of state, the plan should include identify steps to bring the child back to Connecticut.
- c. If the committee does not support placement in an out-of-home treatment facility or CLA and the family still feels that out-of-home treatment facility or CLA placement is appropriate, the family has the right to have their request reviewed by the Commissioner. The Commissioner's review could result in his referral back to the Committee, with his comments/recommendations, for reconsideration. The decision of the Commissioner's is final.

6. Commissioner Review

- a. The Commissioner will receive a copy of the case manager's summary presentation and minutes of the Children's Services Committee meeting when the child was presented. The family may also provide additional documentation, as they feel necessary.
- b. The Commissioner will review all documentation available.
- c. If the Commissioner feels that the Committee did not have all the information necessary in making their decision and recommendations he may ask that the case is immediately reviewed again at the next Children's Services Committee meeting and the family will be notified in writing.
- d. If his decision is that appropriate recommendations were made at the meeting he will deny the request for out of home placement and require the Children's Services Committee to review the case quarterly to ensure that the recommendations were successfully implemented. The family will be notified in writing of his decision and the follow up expected.

- e. If the Commissioner feels that an out-of-home placement in a congregate setting is appropriate the family will be notified in writing.
- f. All out of home placements will be seen as temporary with the goal of returning the child to the family home once stabilized.
- g. If the child is placed out-of-state and can not return home, the region will plan for the child to return to an appropriate setting in Connecticut.
- h. If an in-state option is available and the family refuses to have their child return to the state then they have the right to independently fund their child in the out of state facility and funding of the out of state facility will no longer be the responsibility of the department.

7. Approval for an out-of-home congregate setting

Once a Commissioner exception for placement has been made and resources from the regional PRAT have been assigned, the case manager will ensure:

- a. The Local Education Authority (LEA) agrees with an out of home out-of-home congregate setting placement and agrees to support educational services. DDS is not responsible to pay for the educational program.
- b. The goals of the placement have been clearly identified
- c. A plan and anticipated time frame for the child's return to his/her family home have been identified
- d. A facility has been identified that meets the child's needs

8. Evaluation of a residential facility not been previously funded by DDS

Once a residential facility is identified it has to be approved as appropriate for the child who is seeking placement:

- a. A facilities inspector or supervisor from quality management will review the program for all current license information, complaint history, restraint policies, and adherence to applicable DDS policies and procedures.
- b. A team made up of the Lifespan Coordinator, psychologist or LSW and Quality Management will visit the facility to conduct a review and evaluation.

9. Evaluation of identified residential facility previously funded by DDS

Once a residential facility is identified, it has to be approved as appropriate for the child who is seeking placement. A site visit to evaluate the facility shall occur prior to or within 30 days of placement, if there has not been one in the past year.

10. The site visit to a residential facility

- a. During the site visit to a residential facility DDS representatives will:
 - i. Inspect the treatment facility and residential location
 - ii. Review treatment plans
 - iii. Interview clinical staff and direct care personnel
 - iv. Review behavior programs and the types of interventions used.

- b. At the conclusion of the visit, all information will be brought together and a decision made regarding the appropriateness of placement for children and youth served.
- c. If not appropriate, the reason for this finding will be put in writing and sent to the family and case manager. Other residential facilities will be explored as appropriate for the child.
- d. If the placement is appropriate, the case manager will assist the family in applying for placement and following through to assist the family in meeting the application requirements.

11. Once Placement is Arranged

- a. Case managers should request that regional clinical staff evaluate the appropriateness of clinical services at the residence on an ongoing basis. Clinicians should assess the manner and method of oversight of behavior programs which include restraint, aversives, and/or behavior modifying medications. If the clinician determines the facility's process for development and oversight of behavior programs is clinically sound, the department may endorse the process on a case-by-case basis. Otherwise, the behavior programs should have Program Review Committee (PRC) reviews by the nexus region.
- b. Case Managers will ensure that there is an appropriate discharge plan in place no later than two weeks after the child's placement in the treatment facility. This discharge plan should have input from the family and the facility, with the goal for the child to return home. The treatment facility is required to submit monthly progress reports to the Case Manager and the family.

12. Out of State Placements

- a. For all children who are placed out of state and are under the age of 18 years old, the case manager will complete and submit the original cover sheet and Form 100A and its Cover Sheet to the Lifespan Coordinator prior to placement so that an Interstate Compact Agreement can be made with the receiving state. Once approved placement can take place and an original Form 100B should be completed on the date of placement and sent to the Lifespan Coordinator.
- b. Children and youth in who live in out of state residences that are funded by DDS should have visits by an agency representative no less frequently than every six months in order to assess the well-being of the child. Case Managers shall ensure an Individual Plan and Level of Need tool is developed for these individuals every year, at a minimum. Important considerations when planning will be to ensure their placement is appropriate and to plan for return to appropriate services in state as soon as possible.
- c. Children placed in out of state out-of-home congregate setting that does not participate in the DDS Home and Community Based Services (HCBS) Waiver program will not be eligible for funding through the waiver.

E. References

1. I.A.PO.001 Eligibility for DDS Services Policy
2. I.A.PR.001 Eligibility for DDS Services Procedure
3. I.B.2.PR.001 Application for New or Additional Services/Supports and Enrollment Procedures for the MR HCBS Waiver
4. I.C.1.PO.002 – Individual Planning

F. Attachments

None

Under Review